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Patent

Attorney Docket No.: 2003P08062US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	Applicant: HETTISH				
	Application No.: 10/673,846	Certificate of Facsimile Transmission			
	Filing Date: 9/29/2003	I hereby certify that this document is being facsimile transmitted on the below listed date,			
	For: METHOD AND SYSTEM FOR PROVIDING INFORMATION REGARDING AN IDENTITY'S TRUE AVAILABILITY	the below listed fax number and consists of the below fax number and consist of the below liste number of pages. Dated of Trans.: December 21, 2007 Fax Number: 571-273-8300			
	Group Art Unit: 2161	No. of Pages: RCE 2 + Amd 7 = Total 9			
	Examiner: Kavita Padmanabhan	By: Jeanette L. Taptim			
	Confirmation No. 3718				
*	REQUEST FOR CONTINUED EXAMINA	ATION (RCE) UNDER 37 C.F.R. §1.114			
	Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Applicant hereby requests continued example above-identified application.	mination, in accordance with 37 C.F.R. §1.114,			
	TIME REQUEST IS BEING MADE				
	1. Prosecution on this application being closed (under either appeal, final action, notice of allowance, or other prosecution closing action), this request is being submitted <u>prior to the earliest of</u> :				
	iii. Filing of a notice of appeal to the under 35 U.S.C. §1.313, or commencement of a the appeal or civil action is terminated.	of Patent Appeals & Interferences (this RCE is and to reopen prosecution of the application)			
12/28/2007 HLE	33 00000073 192179 10673846				

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SUBMISSIONS AND ENCLOSURES

	A Petition for Extension of Time for month(s). The enclosed Preliminary Amendment. Please enter the previously unentered Amendment submitted A copy is or is not provided herein. An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449 and copies of references. New arguments or new evidence in support of patentability.						
	FEE FOR REQUEST REC	UIRED BY:	37 C.F.R. §1.17(e)				
	Filing fee has been calculated a evious amendment and/or curre						
	Current Claims Pending Minus Highest Number Previously Paid For	No. Extra	Rate	Fees			
Total Claims	10 - 20	= O	x \$50 =	\$ 0.00			
Indep. Claims		= 0	x \$200 =	\$ 0.00			
Multiple D	ependent Claims Present		+ \$300 =	\$ 0.00			
•		Basic filing	fee	\$ 810.00			
			Total	\$ 810.00			
Commissioner i or during the pe	Please charge Deposit Accounts hereby authorized to charge endency of this application, or cant to 37 C.F.R. §1.25.	any fees tha	t may be required	for filing this paper			
PLEASE MAIL CORRESPONDENCE TO: Respectfully submitted,							
Siemens Corpo Customer No. : Attn: Elsa Kellei 170 Wood Aver Iselin, NJ 08830	28524 r, Legal Administrator nue South	Attorney(David D. Chung, Reg. No. 38,409 Attorney(s) for Applicant(s) Direct Dial: 408-492-5336				